



PATENT APPLICATION FEE DETERMINATION RE Effective December 8, 2004								ORD	Application or Docket Number				
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENT	iry	OR	OTHER SMALL		
u.s	NATIONAL S	STAGE FEES						RATE	FEE	Ì	RATE	FEE	4
BASIC FEE			SMALL ENT. = \$ 150		LARG	SE ENT. = \$ 300		BASIC FEE		OR	BASIC FEE	300	1
EXAMINATION FEE			Satisfies PCT Article 33(1)- (4) = \$50 / \$ 100		All other situations = \$ 100 / \$ 200			EXAM FEE			EXAM. FEE	300	1
SEARCH FEE			U.S. Is ISA = \$50/\$100 ALL other countries = \$200/\$400		All other situations = \$ 250 / \$ 500			SEARCH FEE			SEARCH FEE	ય છે	
FEE FOR EXTRA SPEC. PGS.			minus 100 =		/50 =			X \$ 125 =			X \$ 250 =	,	1
TOTAL CHARGEABLE CLAIMS			19 minus 20 =		· A			X \$ 25 =		OR	X \$ 50 =		1
INDEPENDENT CLAIMS			minus 3 =		· 47			X \$ 100 =		OR	X \$ 200 =		1
MUL	TIPLE DEPEN	DENT CLAIM PR	ESENT					+ \$ 180 =		OR	+ \$ 360 =		1
* If the difference in column 1 is less than zero, enter "0" in column 2						lumn 2		TOTAL		OR	TOTAL	9019	Jι
Column 1) (Column 2) (Column 3)							SMALL E	NTITY	OR	OTHER SMALL E			
AMENDMENT A	_	CLAIMS REMAINING AFTER AMENDMENT		PREVI	BER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 19	Minus	" 21	9	0/		X \$ 25 =		OR	X \$ 50 =		
	Independent	• /	Minus	/	3_	0		X \$ 100 =		OR	X \$ 200 =		1
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							\$ 180 =		OR	+ \$ 360 =		1
_	•							TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		ĵ
		(Column 1)		(Colu		(Column 3)				_			
NT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	BER DUŞLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	, Tomas de la composition della composition dell
AMENDMENT	Total	•	Minuş	**		=		X \$ 25 =		OR	X \$ 50 =		
AME	Independent	*	Minus	***		=		X \$ 100 =		OR	X \$ 200 =		-
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =	·	or	+ \$ 360 =		
							, ,	TOTAL ADDIT. FEE		OR	TOTAL ADDIT.		
***	If the "Highest No If the "Highest No	umn 1 is less than th umber Previously Pa umber Previously Pa mher Previously Pain	id For IN THIS id For IN THIS	SPACE is les	s than '2 is than '3	0', enter "20". ', enter "3".							

FORM PTO-875 (Rev. 02/2005)